UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)		Date of Filing: 11/00	5/2018	:		
David Visser 509-663-5588 -MAIL CONTACT AT FILER (optional)		Time of Filing: 12:16:00 PM				
david@overcastlaw.com		File Number : 2013				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	***************************************	Lapse Date : 11/00	5/2023			
Overcast Law Offices						
23 S Wenatchee Ave						
Ste 320						
Wenatchee WA USA 98801	I					
L		THE ABOVE SPAC	E IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex						
	provide the Individual Debto	r information in item 10 of the Fina	ncing Sta	stement Addendum (Form U	CC1Ad)	
1a. ORGANIZATION'S NAME Giga Watt, Inc.						
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
1 Campbell Pkwy	East Wen		WA	L	USA	
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here and 						
2a. ORGANIZATION'S NAME	provide the individual Debit	or information in item 10 of the Fina	ncing Sta	stement Addendum (Form U	JU1A0)	
28. STORING TORIS						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	

2c. MAILING ADDRESS	CITY	***************************************	STATE	POSTAL CODE	COUNTRY	
 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME 	R SECURED PARTY): Pro	vide only one Secured Party name	(3a or 3b)		
Giga Plex, LLC						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	ISUFFIX	
				1 -,,,,,,,,,,		
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
10622 227th Avenue SE	Monroe		WA	98272	USA	
4. COLLATERAL: This financing statement covers the following collateral All of debtor's equipment, including gigapods, eleother property of debtor located at 7906 Randolp	ectrical infrastruct		ures, i	furnishings, accou	nts and all	
Check only if applicable and check only one box: Collateral is held in 6a. Check only if applicable and check only one box:	a Trust (see UCC1Ad, item		·	red by a Decedent's Persona f applicable and check <u>only</u> o		
Public-Finance Transaction Manufactured-Home Transac	tion A Debtor is a	Transmitting Utility		ural Lien Non-UCC		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign		in		see/Licensor	
8. OPTIONAL FILER REFERENCE DATA:		<u> </u>		L.J -301		

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Giga Watt, Inc.		Date of Filing: 11/06/2018 Time of Filing: 12:16:00 PM File Number: 2018-310-6829-4			
Giga Watt, Inc.		Lapse Date :	11/06/2023		
9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	_			
DESTOR'S NAME: Provide (10a or 10b) only one additional De do not omit, modify, or abbreviate any part of the Debtor's name) and			CE IS FOR FILING OFFICE ing Statement (Form UCC1) (use		
10a. ORGANIZATION'S NAME		***************************************			
10b. INDIVIDUAL'S SURNAME				·····	
INDIVIDUAL'S FIRST PERSONAL NAME				***************************************	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
. MAILING ADDRESS	СПУ	STA	TE POSTAL CODE	COUNTR	
ADDITIONAL SECURED PARTY'S NAME QI 11a, ORGANIZATION'S NAME 11b, INDIVIDUAL'S SURNAME	ASSIGNOR SECURED PART	- Clarke land and 2007 100 474 A	DITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME		- Clarke land and 2007 100 474 A	DITIONAL NAME(S)/INITIAL(S)		
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADC	ITIONAL NAME(S)/INITIAL(S)		
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADC	ITIONAL NAME(S)/INITIAL(S)		
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADC	ITIONAL NAME(S)/INITIAL(S)		
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADC	ITIONAL NAME(S)/INITIAL(S)		
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record)	FIRST PERSONAL NAME	STA	ITIONAL NAME(S)/INITIAL(S)		
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record real record real record) (if applicable)	FIRST PERSONAL NAME CITY orded) in the 14. This FINANCING STA	STA STA STA TEMENT: De cut	DITIONAL NAME(S)/INITIAL(S) TE POSTAL CODE	COUNTR	
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